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SERIAL NUMBER 10/785,473	FILING OR 371(c) DATE 02/24/2004 RULE	CLASS 705	GROUP ART UNIT 3691	ATTORNEY DOCKET NO. AI 7391 C1
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/629,323 07/31/2000 PAT 7,260,548 which claims benefit of 60/189,551
03/15/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 11	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

1688

TITLE

LONG TERM DISABILITY OVERPAYMENT RECOVERY SERVICE WITH INTERACTIVE CLIENT
COMPONENT

FILING FEE RECEIVED 868	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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